



NCPRO

NC Pandemic Recovery Office

PROtalk: Pre-contracting

Pre-contracting for non-entitled local governments

Presented by Nate Halubka

May 11, 2021

Pre-contracting checklist

Part 1: DUNS number and register at SAM.gov



Pre-contracting checklist for non-entitled municipalities

We appreciate you submitting this information, regardless of previous submission to the State, to ensure that your funds are received efficiently and accurately.

Please submit your pre-contracting documents to NCPRO here
 NOTICE: You will not be able to save partial progress when submitting, please plan to submit all information at one time. The checklist below will help you understand what will need to be submitted for pre-contracting.

Completed	Item	Notes & Information
<input type="checkbox"/>	Step 1: DUNS number:	<ul style="list-style-type: none"> Don't have a DUNS? Get a DUNS number here Have a DUNS? Look up your DUNS number here
<input type="checkbox"/>	Step 2: Register your DUNS at SAM.gov	This registration allows you to receive federal funds. Register here: https://sam.gov/SAM/
<input type="checkbox"/>	Vendor Electronic Payment Form	Download Form Here and submit completed form by noon on May 18, 2021.
<input type="checkbox"/>	Voided check, bank statement, or letter from the bank with routing information	Please submit this documentation by noon on May 18, 2021.
<input type="checkbox"/>	NC W-9	Download Form Here and submit completed form by noon on May 18, 2021
<input type="checkbox"/>	Fiscal Year End Date	FY End Date of June 30 th ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: If other, please specify here
<input type="checkbox"/>	Set up separate, specific account for ARP funds Do not use the same account as CRF or General Funds.	NOTICE: The contract will contain a clause that states that the RECIPIENT agrees to operate all transactions from these funds within a special revenue account that is not co-mingled with other funds to prevent the accidental inclusion of non-ARP Local Fiscal Relief Funds transactions
<input type="checkbox"/>	What was your budget total for the fiscal year that includes January 27, 2020?*	Enter \$ Budget Total
<input type="checkbox"/>	Council Approval	Does your local government need to get on council for approval of these funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has it been approved/on a council agenda? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Who is the signer of the contract, with the authority to bind the jurisdiction?	Enter name, title and email of signature authority
<input type="checkbox"/>	Who will be the principal administrator of the funds?	Enter name, title, email of administrator authority

*Please refer to guidance for the definition of the budget.

Choose Quick Search or Advanced Search

QUICK SEARCH:

(Example of search term includes the entity's name, etc.)

DUNS Number Search:

CAGE Code Search:

SEARCH

Need Help?

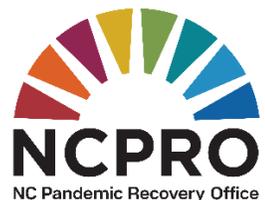
ADVANCED SEARCH:

Use specific criteria in multiple categories to structure your search.

ADVANCED SEARCH - ENTITY

ADVANCED SEARCH - EXCLUSION

DISASTER RESPONSE REGISTRY SEARCH



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GRANTS.GOV [HELP](#) [REGISTER](#) [LOGIN](#)

SEARCH: Grant Opportunities ▾ Enter Keyword... **GO**

HOME LEARN GRANTS ▾ SEARCH GRANTS **APPLICANTS ▾** GRANTORS ▾ SYSTEM-TO-SYSTEM* FORMS ▾ CONNECT ▾ SUPPORT ▾

GRANTS.GOV > Applicants > Organization Registration > **Step 1: Obtain a DUNS Number**

STEP 1: OBTAIN A DUNS NUMBER

GRANT APPLICATIONS

- How to Apply for Grants
- Track My Application

APPLICANT RESOURCES

- Workspace Overview
- Applicant Eligibility
- Organization Registration
- Step 1: Obtain a DUNS Number**
- Step 2: Register with SAM
- Step 3: Register with Grants.gov
- Applicant Registration
- Applicant Training
- Applicant FAQs
- Adobe Software Compatibility
- Submitting UTF-8 Special Characters
- Encountering Error Messages

STEP 1 > STEP 2 > STEP 3

Step 1: Obtain a DUNS Number

Obtaining a Data Universal Number System (DUNS) number is the first step in registering as an organization applicant in Grants.gov. The instructions below describe DUNS and walk through the process of acquiring a free DUNS number.

Purpose of DUNS

A **DUNS number** is a unique nine-character number used to identify your organization. The federal government uses the DUNS number to track how federal money is allocated.

Before Registering for a DUNS Number

Does my organization already have a DUNS number? Most large organizations, libraries, colleges, and research universities already have a DUNS number. You should contact your grant administrator, financial department, chief financial officer, or authorizing official to identify your organization's DUNS number.

How to Register for a DUNS Number

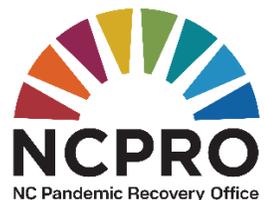
If your organization does not yet have a DUNS number, or no one knows it, visit the [Dun & Bradstreet \(D&B\) website](#) or call 1-866-705-5711 to register or search for a DUNS number.

Help: Online User Guide
Find registration, search, and application instructions for all users in the [Grants.gov Online User Guide](#).

For detailed applicant information, review the Applicants section of the online user guide.

Help: Support Center
Contact the [Grants.gov Support Center](#) to get help from a representative.

Email us at support@grants.gov or visit our [Support page](#).



Pre-contracting checklist

Part 1: DUNS number and register at SAM.gov



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[View assistance for SAM.gov](#)

A NEW WAY TO SIGN IN - If you already have a SAM account, use your SAM email for login.gov.
Log In

[Login.gov FAQs](#)

HOME
SEARCH RECORDS
DATA ACCESS
CHECK STATUS
ABOUT
HELP

- ▲ ALERT: SAM.gov will be completely unavailable due to scheduled maintenance from Friday, May 21 at 4:00 PM EST through Monday, May 24 at 9:00 AM EST as it is upgraded to the modernized environment. [Learn more.](#)
- ▲ ALERT: Small business owners who seek to participate in the Restaurant Revitalization Fund (RRF) will not be required to have a DUNS Number, will not need to register in SAM.gov, and will not need a CAGE Code. SBA will share more information on the RRF soon. Visit [SBA](#) to stay informed.
- ▲ ALERT: Each entity registration expiring between April 1 and September 30, 2021 will have an additional 180 days added to its expiration date. Read more about the extension on [Interact.](#)
- ▲ ALERT: SAM.gov will be down for scheduled maintenance Saturday, 05/15/2021 from 8:00 AM to 1:00 PM.
- ▲ ALERT: Shuttered Venue Operators Grant (SVOG) Applicants - Applicants for relief under the SVOG program are required to register in SAM.gov. If you have submitted your SAM.gov registration, but the registration is not yet active, you can still apply for relief under the SVOG program. During the SVOG application process, you will have to attest that you have submitted your SAM.gov registration. To stay informed, please visit [SBA](#).

The System for Award Management (SAM) is an official website of the U.S. government. There is no cost to use SAM. You can use this site for FREE to:

- Register to do business with the U.S. government
- Update or renew your entity registration
- Check status of an entity registration
- Search for entity registration and exclusion records

Getting Started

Create A User Account

Start by creating a SAM user account.

Register Entity

After creating your SAM user account, log in to register to do business with the U.S. government.

Search Records

Do a public search for existing entity registration records or exclusion records.

Federal users can log in to see additional information.



Pre-contracting checklist

Part 2: Top 10 no nos with W-9s and Electronic Payment forms

1. Not filling out all boxes with a red asterisk *

2. Not entering the 9-digit zip code.



3. Not entering your DUNS number

4. Not matching your remit to addresses

REV 01/2019

NC Office of the State Controller
(IRS Form W-9 will not be accepted in lieu of this form)
***Denotes a Required Field**

STATE OF NORTH CAROLINA
SUBSTITUTE W-9 FORM
Request for Taxpayer Identification Number

Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.

*1. Social Security Number (SSN),
OR
 Employer Identification Number (EIN),
OR
 Individual Taxpayer Identification Number (ITIN)

*2. _____

***4. Legal Name** (as shown on your income tax return): _____

***3. Dunn & Bradstreet Universal Numbering System (DUNS)** (see instructions)

5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name: _____

Contact Information

***6. Legal Address** (DO NOT TYPE OR WRITE IN THIS FIELD)

***7. Remittance Address** (Location specifically used for payment that is different from Legal Address, if applicable)

***Address Line 1:** _____ **Address Line 1:** _____

Address Line 2: _____ **Address Line 2:** _____

***City** _____ ***State** _____ ***Zip (9 digit)** _____ **City** _____ **State** _____ **Zip (9 digit)** _____

***County** _____ **County** _____

***8. Contact Name:** _____

***9. Phone Number:** _____

10. Fax Number: _____

11. Email Address: _____

***12. Entity Type**

Individual/Sole Proprietor/Single-member LLC C-Corporation S-Corporation

Partnership Trust/Estate Other _____

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____

***13. Entity Classification**

Medical Services
 Legal/Attorney Services
 NC Local Govt
 Federal Govt
 NC State Agency
 Other Govt
 Other (specify) _____

14. Exemptions (see instructions)

Exempt payee code (if any): _____

Exemption from FATCA reporting code (if any): _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined later in general instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>):

***Printed Name:** _____ ***Printed Title:** _____

***Authorized U.S. Signature:** _____ ***Date:** _____

Please complete the "Modification to Existing Vendor Records" section below if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address

Return to the NC State Agency from which you are requesting payment.

Office of the State Controller
Return to: OSC Support Services Center
Address: 1410 Mail Service Center
Raleigh, NC 27699-1410
Email: osc_support_services@osc.nc.gov
Telephone: 919-707-0795

Vendor Electronic Payment Form

New Add Request
 Change/Update Existing Account
 Inactivate Existing Account

***Denotes a required field**

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks. In addition to having the funds deposited electronically, you will also receive remittance information by e-mail.

We require you to submit a copy of a voided check, bank statement, or a letter from your bank for account verification.

***TAX ID # or SSN** _____

***PAYEE NAME** _____

***REMITTANCE ADDRESS** (AS PRINTED ON YOUR INVOICE)

STREET _____ SUITE/ROOM # _____

CITY _____ STATE _____ ZIP CODE _____

NAME & TITLE _____ PHONE NUMBER _____

NEW FINANCIAL INFORMATION

***FINANCIAL INSTITUTION NAME:** _____

***NAME ON ACCOUNT:** _____

***NEW ROUTING NUMBER:** _____

***NEW ACCOUNT NUMBER:** _____

***ACCT TYPE:** Checking Savings

***REMIT E-MAIL ADDRESS** _____

New add requests MUST include contact information for the state agency with which you are doing business.

***Agency Name:** Office of State Budget & Mgmt ***Agency Contact Name:** Nate Halubka

***Agency Contact Email Address:** nate.halubka@osbm.nc.gov ***Agency Contact Phone Number:** 984-236-0792

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME: _____

NAME ON ACCOUNT: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCT TYPE: Checking Savings

REMIT E-MAIL ADDRESS _____

*** ALL BOXES BELOW MUST BE REVIEWED AND CHECKED**

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, and the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire amount of the payment will not be transferred to a foreign bank account.

I authorize the Office of the State Controller to initiate ACH payments, and if necessary, adjustments for any ACH payment to the financial institution and account identified on the attached certification document. This authority will remain in effect until I notify the Office of the State Controller in writing or the authority is terminated by the NC Office of the State Controller.

I have attached a copy of a current voided check, current bank statement or included a bank letter on bank letterhead.

***PRINT NAME:** _____ ***DATE:** _____

***SIGNATURE:** _____ ***PHONE NUMBER:** _____

Revised May 2018



Pre-contracting checklist

Part 2: Top 10 no nos with W-9s and Electronic Payment forms cont.

5. Leaving out a blank voided check or bank letter on letterhead.

6. Missing signatures

7. Leaving out agency contact information

8. Leaving the entity type box empty

9. Not selecting that you're a local government

10. Waiting until the last minute to submit

REV 01/2019

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(IRS Form W-9 will not be accepted in lieu of this form)
***Denotes a Required Field**

STATE OF NORTH CAROLINA
SUBSTITUTE W-9 FORM
Request for Taxpayer Identification Number

Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.

1. Social Security Number (SSN), OR
 Employer Identification Number (EIN), OR
 Individual Taxpayer Identification Number (ITIN)

2. Social Security Number (SSN), OR
 Employer Identification Number (EIN), OR
 Individual Taxpayer Identification Number (ITIN)

3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)

4. Legal Name (as shown on your income tax return):

5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:

6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD)

7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)

8. Contact Name:

9. Phone Number:

10. Fax Number:

11. Email Address:

12. Entity Type

Individual/Sole Proprietor/Single-member LLC C-Corporation S-Corporation Partnership Trust/Trustee Other

13. Entity Classification

Medical Services
 Legal/Attorney Services
 NC Local Govt
 Federal Govt
 NC State Agency
 Other Govt
 Other (specify)

14. Exemptions (see instructions)

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be assigned to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or

3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>):

*Printed Name: _____ *Printed Title: _____

*Authorized U.S. Signature: _____ *Date: _____

Please complete the "Modification to Existing Vendor Records" section below if there have been any changes to the following: Tax Identification Number, Legal Name, Business Name, Remittance Address

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Return to: OSC Support Services Center
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Email: osc_support_services@osc.nc.gov
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*REMITTANCE ADDRESS (AS PRINTED ON YOUR INVOICE)

STREET _____ SUITE/ROOM # _____
CITY _____ STATE _____ ZIP CODE _____

*CONTACT

NAME & TITLE _____ PHONE NUMBER _____

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I have attached a copy of a current voided check, current bank statement or included a bank letter on bank letterhead.

*PRINT NAME: _____ *DATE: _____
*SIGNATURE: _____ *PHONE NUMBER: _____

Revised May 2018



Pre-contracting checklist

Part 3: Internal operations



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1. Is your fiscal year end close out different than June 30th? If yes, please give us the different date.

2. **DO NOT** put your ARP funds in the same account as your General funds or your Corona Relief Funds accounts. Create a separate account.

3. **YOU MUST** provide us with what your budget total for your fiscal year that includes January 27, 2020 was. It is used to calculate your allotment.

4. Does you council have to vote to accept funds?

5. Let us know who will be signing and who will be facilitating your funds.



Pre-contracting checklist

Part 4: Submitting your documents to the NCPRO smartsheet



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<input type="checkbox"/>	Council Approval	Does your local government need to get on council for approval of these funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has it been approved/on a council agenda? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Who is the signer of the contract, with the authority to bind the jurisdiction?	Enter name, title and email of signature authority
<input type="checkbox"/>	Who will be the principal administrator of the funds?	Enter name, title, email of administrator authority

*Please refer to guidance for the definition of the budget.

This upload information will come out once the NCPRO office has a chance to review the the guidance related to submitting this information.

